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<u> 253</u>	Please type a plus sig Under the Pape	orsons are required t	J	Docket Number	CRD-5063NP				
	AND POWER OF ATTORNEY FOR UTILITY OR DESIGN			First Nam	ned Inventor	Robert Falotico et al.			
	PATE	COMPLETE IF KNOWN							
	☐ Declaration Submitted w Initial Filing	37 CFR 1.63) with ⊠ Declaration Su OR Initial Filing (S) (37 CFR 1.16(€)	Surcharge	Applicatio	n Number	10/761,032			
				Filing Date	e	January 20, 2004			
				Group Art	Unit	3761			
	As a below named inven			Examiner	Name	Not Assigned			
	My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
	LOCAL VASCULAR DELIVERY OF MYCOPHENOLIC ACID ALONE OR IN COMBINATION WITH RAPAMYCIN TO PREVENT RESTENOSIS FOLLOWING VASCULAR INJURY (Title of the Invention)								
l t	he specification of which				-				
	is attached hereto								
	DR .								
	was filed on (MM/DD/YYYY) 01/20/2004 as United States Application Number or PCT International Application Number 10/761,032 and was amended on (MM/DD/YYYY)								
l a	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
a									
U	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Prior Foreign Application Number(s)	Country	Foreign Fil (MM/DD/		Priority Not Claimed	Certified Copy Attached? YES NO			
 	Additional faction a 1"								
	, Additional Toleign applic	auon numbers are listed	u on a supplen	ental priorit	y data sheet PTO	/SB/02B attached hereto:			

168 178 178

DECL	ARATION - Utility or Design Patent	Application							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s)	Filing Date (MM/DD/YYYY)	al application(s) listed below.							
	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national of PCT international filing date of this application:									
Application Serial No.	Filing Date	Status							
		Patented Patented Patented							
I hereby appoint:									
Practitioners at Customer Number	or 000027777	Place Customer Number Bar Code Label Here							
Practitioner(s) named below: Name	Registration Number								
as my/our attorney(s) or agent(s) to pros States Patent and Trademark Office cor	secute the application identified above, and nected therewith.	to transact all business in the United							
Address all telephone calls to Carl J. Evens at	telephone number (732) 524-2518.								
Customer Number Direct all correspondence to:									
Address:									
Address:									
City:	State:	ZIP							
Country	Telephone:	Fax:							

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je.

hereby declare that all statements made by								
that willful false statements and the like	hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge will talk the statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent statements.							
NAME OF SOLE OR FIRST INVENTOR:	ME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any]) Robert		Family Name or Surname						
Inventor's Aslan Ju	Colar		Date	5/12/04				
Residence: City Belle Mead	State NJ	Cou	intry USA	CitizenshipUSA				
Mailing Address 40 Black Horse Run								
City Belle Mead	State NJ	ZIP	08502	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.								
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any]) Tom Jay		Family Name or Surname Parry						
Inventor's Signature Date 12 May 0 4								
Residence: City Hellertown	State PA	Cour	itry USA	CitizenshipUSA				
Mailing Address 1452 Bette Lane				000				
City Hellertown	State PA	ZIP	18055	Country USA				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent								
NAME OF THIRD INVENTOR:	tition has been fi	een filed for this unsigned inventor						
Given Name (first and middle [if any]) Jonathon Z.		Family Name or Surname		Zhao				
Inventor's Signature			Date	5/12/00				
Residence: City Belle Mead	State NJ	Count	ry USA	Citizenship USA				
Mailing Address 12 Briar Hill Court								
City Belle Mead	State NJ	ate NJ ZIP 08		Country USA				